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In re: Tim Armandpour
Case: P3929 Application No.: 09/656,531 Filing date: 09/07/2000
Art Unit: 2178 Examiner: Adam Basehoar
Subject: Fuzzy-Logic Routing System for Call Routing With-in Communication Centers and in Other
Telephony Environments

Certificate of Transmission under 37 CFR 1.8

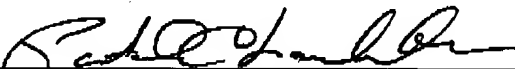
Attention: Adam Basehoar, Examiner

Fax No.: (703) 872-9306

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on 10/07/2004

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Patricia C. Lambuth

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Total Sheets Transmitted - 17

1. Amendment A - 14 sheets
2. Amendment Transmittal - 1 sheet
3. Duplicate Amendment Transmittal - 1 sheet
4. Certificate of Transmission - 1 sheet

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Method of Transmission: EV426114142US

CASE DOCKET NO. P3929

In reference to application of Tim Armandpour

Serial No. 09/656,531

For Method and Apparatus for Detecting Changes in Websites and Reporting Results to Web
Developers for Navigation Template Repair Purposes

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	28	Minus	** 28	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 44	\$ 88	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,

Donald R. Boys
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